

PART B - FEE(S) TRANSMITTAL

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FEB 22 2005

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26530 7590 12/16/2004

LADAS & PARRY LLP
 224 SOUTH MICHIGAN AVENUE
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 CHICAGO, IL 60604

02/23/2005 JBALINAE 00000030 10600335

01 FC:1501 1400.00 OP
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Richard J. Streit

(Depositor's name)

(Signature)

February 18, 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/800,335	03/12/2004	Chih-Cheng Fang	CU-3636 RJS	9939

TITLE OF INVENTION: COOKING ASSEMBLY WITH A SAFETY DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	03/16/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
HAMMOND, BRIGGITTE R	2833	439-137000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

TSANN KUEN ENTERPRISE CO., LTD.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Taipei City, Taiwan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee \$1400
☒ Publication Fee (No small entity discount permitted) \$300
☐ Advance Order - # of Copies

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed. \$1700
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-0400 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Richard J. Streit

Date

February 18, 2005

Typed or printed name

Registration No.

25765

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